

OFFICE OF THE SELECT BOARD



TOWN OF ARLINGTON
MASSACHUSETTS 02476-4908

730 Massachusetts Avenue
Town of Arlington
Massachusetts 02476-4908
781 316-3024 781 316-3029 FAX

APPLICATION PROCESS:

- Submit the completed application packet to the Select Board's Office
- Contact the inspectors on the department list below to inform them your application has been submitted

| DEPARTMENT | CONTACT | LOCATION | TEL #/EMAIL |
|-----------------------|---------------|-----------------------------|--|
| Board of Health | Pat Martin | 27 Maple St. | 781 316-3169 pmartin@town.arlington.ma.us |
| Inspections | Michael Byrne | 51 Grove St. | 781 316-3390 mbyrne@town.arlington.ma.us |
| Select Board's Office | Ashley Maher | Town Hall 730 Mass. Ave. | 781 316-3024 amaher@town.arlington.ma.us |

- A hearing will be scheduled for the next available Select Board's Meeting (minimum 4-6 weeks out)
- Attendance is mandatory at this meeting
- Upon **approval** of the license you must get final inspections from the inspectors mentioned above prior to receiving the license to operate your business
- After receiving your Food Permit from the Board of Health and Certificate of Occupancy from the Building Department – come to the Select Board's Office for your license to operate your business (fee required for the license)

OFFICE OF THE SELECT BOARD

730 Massachusetts Avenue

Town of Arlington

Massachusetts 02476-4908

(781) 316-3020

(781) 316-3029 fax

\$60.00 Filing Fee

Inspections Dept. at 51 Grove St. must review completed application before returning to this office.

APPLICATION

To the Licensing Authorities of the Town of Arlington

The Undersigned hereby makes application for a

☐ **COMMON VICTUALLER LICENSE (Eat In)**

☐ **FOOD VENDOR LICENSE (Take Out Only)**

Location_____

Name of Applicant_____

Corporate Name (if applicable)_____

D/B/A_____

Date_____

I/We hereby agree to conform in all respects to the conditions governing such License as printed in the By-Laws of the Town, and such other rules and regulations as the Selectmen may establish. With the signing of this application, the applicant acknowledges that:

- A. It is understood that the Board is not required to grant the license.
- B. no work is to commence at the premises of the proposed location which is the subject matter of this application until the license is approved by the Select Board, and, furthermore, any work done is done at the applicant's risk, and
- C. in the event of a proposed sale of a business requiring a Common Victualler License, an application for a transfer of said license will be deemed to be an application for a new license (subject to the rules and regulations herein contained), and the owner of such business shall be required to file with the Select Board a thirty day notice of his intention to sell same before such application will be acted upon by the Select Board.
- D. That the license is subject to revocation if the holder of the license does not comply with Town By-Laws or the Rules and Regulations of the Board.

Print Name_____

Signature Name_____

Phone (Home)_____ (Business)_____

Email_____

Note: (A) If a corporation, state full names and addresses of principal officers.

(B) If a co-partnership, information must be provided on each partner; if a corporation, information must be provided on corporate officer making application.

Name_____Name_____
Address_____Address_____
City_____Zip_____City_____Zip_____

DESCRIPTION OF APPLICANT

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Born in the U.S., Yes_____No_____Born in the U.S., Yes_____No_____
Born Where_____Born Where_____
Date of Naturalization_____Date of Naturalization_____
Male or Female_____Male or Female_____
Date of birth_____Date of birth_____
Photo *1 inch by 1 inch*

The Establishment shall operate as:

Sole Ownership / Partnership / Total Number of Partners

Corporation Based in_____

(Once approved, please go to Clerk's Office for Business Certificate)

=====
Corporate Information Required:

President_____

Secretary_____

Treasurer_____
NameAddressZip

=====

INFORMATION RELATIVE TO APPLICATION

Breakfast _____

Yes___No___ _____

Lunch _____

Yes ___No___ _____

Dinner _____

Yes___No _____

Do you own the property? Yes___No___ Tenant at Will _____ Lease _____ (years)

Hours of Operation:

Day_____Hours_____

Day_____Hours_____

Day_____Hours_____

Floor Space_____ Sq. Ft. Seating Capacity (if any)_____

Parking Capacity (if any)_____ spaces Number of Employees_____

List Cooking Facilities (and implements)

Will a food scale be in use for sale of items to the public? Yes___No___

Will catering services be provided by you? Yes___No___

=====

The following items must be submitted with the application:

1. Layout Plan of Facility & Fixtures Date Received_____

2. Site Plan (obtained at Bldg. Dept., 51 Grove St.) Date Received_____

3. Outside Facade and Sign Plan (dimensions, color) Date Received_____

4. Menu Date Received_____

5. Maintenance Program Date Received_____

If the facilities are not yet completed, provide estimated cost of work to be done \$_____

=====

FOR OFFICE USE ONLY

Scheduled Hearing when Application will be presented to Select Board for approval:

Date_____Time_____

Board Action: Approved Yes_____No_____

APPLICANT'S RESUME

Food Business Experience of Applicant

| | |
|-------------------|---------------------------|
| From _____ | to _____ |
| Employee _____ | D/B/A _____ |
| Sole Owner _____ | Location _____ |
| Partnership _____ | Type Food _____ |
| Corporation _____ | Number of Employees _____ |

| | |
|-------------------|---------------------------|
| From _____ | to _____ |
| Employee _____ | D/B/A _____ |
| Sole Owner _____ | Location _____ |
| Partnership _____ | Type Food _____ |
| Corporation _____ | Number of Employees _____ |

List any other information that you feel will assist in the review of this application.
